

## MEDICAL RECORD

## REQUEST FOR PERFORMANCE OF PROCEDURES: ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY

**EXPLANATION OF THE PROCEDURE:** The throat will be anesthetized and intravenous sedation will be administered prior to the performance of the procedure. A flexible fiberoptic endoscope will be inserted into the mouth and swallowed. The endoscope will be passed through the esophagus, stomach and duodenum to visualize the exit site of the pancreatic and bile ducts. A plastic catheter will be inserted through the endoscope into the bile ducts. A contrast liquid, necessary for X-rays, will be injected through the catheter into the bile ducts, and X-rays will be taken. The alternatives to this procedure are: X-rays, nuclear medicine examinations, surgery and no examination.

**POSSIBLE RISKS AND COMPLICATIONS:** Intravenous sedatives can cause a slowing or cessation of breathing. This process can be reversed with other medication. In patients with abnormal or replaced heart valves, pacemakers, artificial joints or vascular surgery grafts, there is a chance of infection and antibiotics may be suggested prior to and following the procedure. Endoscopic retrograde cholangiopancreatography (ERCP) has an overall complication rate of 3:100 as specified below.

**Complication Rates:**

Pancreatic Inflammation  
(Possible Hospitalization), 10:1,000  
Infection, 11:1,000  
Death, 1:1,000

Intestinal Tract Injury, 2:1,000  
Pneumonia (Aspiration of Fluid into Lungs), 1:1,000  
Drug Reactions, 6:1,000

**ACKNOWLEDGMENTS:** I understand that photographs may be taken during this procedure and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation during the procedure by authorized personnel, subject to the following conditions:

- (1) The name of the patient and his/her family is not used to identify said pictures.
- (2) Said pictures to be used only for purposes of medical study or research.

I understand this procedure to be performed by or under the direction of Dr. \_\_\_\_\_

**AUTHORIZATION:**

1. Counseling Physician/Dentist: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above. This patient is cleared for conscious sedation.

\_\_\_\_\_  
(Signature of Counseling Physician/Dentist)

\_\_\_\_\_  
(Date)

2. Patient: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed and disposal of any tissue or parts which it may be necessary to remove.

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Date)

3. Sponsor or Guardian: (When patient is a minor or unable to give consent)  
I, \_\_\_\_\_ sponsor/guardian of \_\_\_\_\_  
understand the nature of the proposed procedure(s), attendant risks involved, and expected results, and hereby request such procedure(s) to be performed and disposal of any tissue or parts which it may be necessary to remove.

\_\_\_\_\_  
(Signature of Sponsor/Legal Guardian)

\_\_\_\_\_  
(Date)

4. Witness

\_\_\_\_\_  
(Signature of Witness, Excluding Members of Operating Team)

\_\_\_\_\_  
(Date)

Patient Identification

Request for Performance of Procedures:  
Endoscopic Retrograde  
Cholangiopancreatography

NIH-2631-7 (2-95)  
P.A. 09-25-0099